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PTO/SB/83 (01-06)

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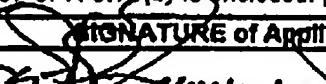
Application Number	10/024,704
Filing Date	12-27-01
First Named Inventor	MURPHY
Art Unit	3623
Examiner Name	VAN HANDEL
Attorney Docket Number	01286

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number:38516**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC		
Address	P.O. Box 3822		
City	City	State	NC
Country	USA		
Telephone	(919) 469-2629	Email	scott@scottzimmerman.com

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Scott P. Zimmerman		
Date	Telephone	(919) 469-2629	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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2) 37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY

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